

# The Journal of Thoracic and Cardiovascular Surgery

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### Editorial

#### 499 Reflections on reduction ascending aortoplasty's liveliness ♦

*Hans H. Sievers, MD, Luebeck, Germany*

### General Thoracic Surgery (GTS)

#### 502 Catamenial pneumothorax revisited: Clinical approach and systematic review of the literature

*Stephan Korom, MD, Haydar Canyurt, MD, Antje Missbach, MD, Didier Schneiter, MD, Michael Odo Kurrer, MD, Urs Haller, MD, Paul J. Keller, MD, Markus Furrer, MD, and Walter Weder, MD, Zurich, Switzerland*

Catamenial pneumothorax may be suspected in ovulating women with spontaneous pneumothorax even in the absence of symptoms of pelvic endometriosis. During VATS, inspection of the diaphragmatic surface is paramount. Plication of the involved area alone can be successful. In complicated cases, hormonal suppression therapy is a helpful adjunct.

#### 509 Reoperative laparoscopic fundoplication for the treatment of failed fundoplication

*Pavlos K. Papasavas, MD, Woodrow W. Yeaney, MD, Rodney J. Landreneau, MD, Fernando D. Hayetian, MD, Daniel J. Gagné, MD, Philip F. Caushaj, MD, Robin Macherey, RN, Susan Bartley, RN, Richard H. Maley, Jr, MD, and Robert J. Keenan, MD, Pittsburgh, Pa*

Laparoscopic reoperation for failed fundoplication is feasible and can achieve resolution of symptoms for a significant percentage of patients.

#### 517 Vascular endothelial growth factor expression in metastatic pulmonary tumor from colorectal carcinoma: Utility as a prognostic factor

*Masaya Tamura, MD, Makoto Oda, MD, Yoshio Tsunetzuka, MD, Isao Matsumoto, MD, Kazuyuki Kawakami, MD, and Go Watanabe, MD, Kanazawa, Japan*

The number of pulmonary metastatic tumors and the presence of positive VEGF expression in metastatic tumors are the factors that determine the long-term survival of patients with resectable pulmonary metastasis from colorectal carcinoma. Patients with multiple and positive VEGF expression in the metastatic tumor will not receive benefit from metastasectomy.

#### 523 Resectional surgery combined with chemotherapy remains the treatment of choice for multidrug-resistant tuberculosis

*Yuji Shiraishi, MD, Yutsuki Nakajima, MD, Naoya Katsuragi, MD, Makoto Kurai, MD, and Nobumasa Takahashi, MD, Tokyo, Japan*

Between 2000 and 2002, 30 patients with multidrug-resistant tuberculosis underwent 33 pulmonary resections in combination with intensive multidrug regimens. Of the 29 survivors, 27 were free from disease, with a median follow-up of 24 months. Pulmonary resection combined with chemotherapy achieved high cure rates for multidrug-resistant tuberculosis.

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